FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANTIST FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) 9-22-03 CLAIMS AFTER AS FILED DEP. DEP. IND. IND. IND. IND. DEP. IND. DEP. INC DEP. δ3 <u>:1</u> BEN' MYNILABLE COPY lś.]?<u>1</u> Į. . 78 3 19 11 12 13 15 91 TRIAL SELAL 14.42 Q TOTAL ED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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